

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025897

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 154

FILED JUL 24 1962

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MexicoLength of stay in 1b
yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Allen Nursing HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Audrain

c. CITY
OR TOWN MexicoInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

422 West Love

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

James

Andrew

McFarland

4. DATE
OF DEATH

Month

Day

Year

July 13, 1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☐
Widowed ☒Never Married ☐
Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

9-30-1882

78

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Chiropractor

10b. KIND OF BUSINESS OR INDUSTRY

Chiropractor

11. BIRTHPLACE (City and state or country)

Tebbetts, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John McFarland

13b. MOTHER'S MAIDEN NAME

Laura Jackson

14. NAME OF HUSBAND OR WIFE

Emma Jane McFarland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Graydon McFarland Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

Shock, secondary to
Bleeding from varix of
internal hemiaINTERVAL BETWEEN
ONSET AND DEATH10 days
yesPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Mmunitia of age

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

July 7, 1958 to July 1962 and last saw him alive on 7-12-62
on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Arnold Funeral Home Mexico, Mo

July 14-1962

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

GP/Kallenbach m d

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth C. Hayes

Licensed Embalmer No. 4290

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.